
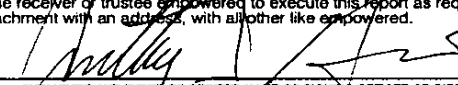


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90087 022 \*\*\*\*61.25

<b>DOCUMENT # 750904</b>					
1. Entity Name VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10851 GULF SHORE DR. NAPLES, FL 34108		Mailing Address 10851 GULF SHORE DR. NAPLES, FL 34108			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2202214	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JOSEPH E BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JIM		NAME	GRECO, TONY	
STREET ADDRESS	11 ROLLINWOOD DR		STREET ADDRESS	347 OLD SUTTON ROAD	
CITY-ST-ZIP	NEW CITY, NY 10956		CITY-ST-ZIP	BARRINGTON, IL 60010	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, TONY		NAME	Larson, Norman	
STREET ADDRESS	347 OLD SUTTON ROAD		STREET ADDRESS	2005 Cottage wood Ave.	
CITY-ST-ZIP	BARRINGTON, IL 60010		CITY-ST-ZIP	EXCELSIOR, MN 55331	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, NORMAN		NAME	Picher, Paul	
STREET ADDRESS	20005 COTTAGEWOOD AVE		STREET ADDRESS	6 Burrows Road	
CITY-ST-ZIP	EXCELSIOR, MN 55331		CITY-ST-ZIP	Ottawa, ON Canada K1J 6E6	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTER, VICTORIA H		NAME	Reid, Allan	
STREET ADDRESS	32917 NORTH RIVER RD		STREET ADDRESS	4828 Lincoln Ave	
CITY-ST-ZIP	HARRISON TOWNSHIP, MI 48045		CITY-ST-ZIP	EVANSVILLE, IN 47715	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONDASCH, PAUL		NAME	Burr, Peter	
STREET ADDRESS	15 TOTTEN DRIVE		STREET ADDRESS	8007 Long Knife Rd	
CITY-ST-ZIP	BRIDGEWATER, NJ 08807		CITY-ST-ZIP	Louisville, KY 40207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Howard		NAME	Stoutamer, Tom	
STREET ADDRESS	10851 Gulfshore Dr.		STREET ADDRESS	550-A McAride Lane	
CITY-ST-ZIP	Naples, FL 34108 #201		CITY-ST-ZIP	Brookfield, WI 53045	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				239-597-4062	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

ATTACHMENT

40046905

# 750904



10851 Gulf Shore Drive  
Naples, FL 34108  
Phone: 239-597-4062  
Fax: 239-597-8253

10951 Gulf Shore Drive  
Naples, FL 34108  
Phone: 239-597-8771  
Fax: 239-597-3073

ADDITIONAL DIRECTOR  
MARCH 2007

ROBERT MCCOLL  
1519 CRESCENT ROAD  
LAWRENCE, KANSAS 66044